



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

CANDIDATE COMMITTEE  
COVER PAGE

ON JUN 14 AM 11:33

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 04/12/04 to 06/07/04  
Mo Day Year Mo Day Year

1. Committee I.D. Number

137416

2. Committee Name

Comm. Hec To Elect  
Gregory Murray

4. Candidate Last Name

Murray

First Name

Gregory A

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

School Board (Mt. Clemens)

4b. County of Residence

Macomb

5. Committee's Mailing Address

33985 Harper #101  
Clinton Township, MI 48043  
Area Code and Phone 586 610 2330

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Same As Above  
Area Code & Phone ( ) -

7. Treasurer's Business Address

Same As Above

Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ( )

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☒ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

06 14 04  
Month Day Year

9c. ☐ Annual Statement ( Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper

Gregory Murray  
Type or Print Name

[Signature]  
Signature

Date 06 07 04  
Mo Day Year

Candidate

Gregory Murray  
Type or Print Name

[Signature]  
Signature

Date 06 07 04  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137416

2. Committee Name Committee To Elect

Gregory Murray

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	<u>\$1,475.00</u>	(18.) \$ <u>\$1,475.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u><del>370.00</del></u>	(19.) \$ <u><del>370.00</del></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$	<u>1,475.00</u>	(20.) \$ <u>\$1,475.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1,603.53</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1,603.53</u>	(23.) \$ <u>0</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1,475.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1,475.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1,603.53</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>-128.53</u>	

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137416  
2. Committee Name CTE Gregory Murray

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/18/04</u> Name: <u>Chacella Newton</u> Address: <u>65 Lindsey Drive Mt. Clemens 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/22/04</u> Name: <u>Bobby Hill</u> Address: <u>165 Clinton River Drive Mt. Clemens MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Macomb County</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		150.00	150.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/22/04</u> Name: <u>Sherman Cuthingham</u> Address: <u>17707 Millstone Dr. Macomb, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		225.00	225.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/4/04</u> Name: <u>Diane Nelson</u> Address: <u>615 Wellington Crescent Mt. Clemens 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		475.00	

Enter this total on  
line 3 of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137416

2. Committee Name

CTE Gregory Murray

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Greg Murray</u> Address: <u>62 Rathbone, Mt. Clemens, MI 48041</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>06/01/04</u>	100.00	200.00
3. Contribution # 2 Name: <u>Steve Robbins</u> Address: <u>117 Irvine, Ann Arbor MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>06/04/04</u>	100.00	100.00
3. Contribution # 3 Name: <u>R. Stenson</u> Address: <u>69 Deyne 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt	50.00	50.00
3. Contribution # 4 Name: <u>IDA McGarrity</u> Address: <u>320 Clinton Run Drive 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>School Teacher</u> Employer <u>Mt. Clemens Schools</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>06/04/04</u>	370.00	370.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		250.00	620.00

Enter this total on  
line 3a of  
Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137416  
2. Committee Name CIE Gregory Murray

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Don Bradley</u> Address: <u>6651 Forrest Park Dr. Troy 48098</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>5/5/04</u>	100.00	200.00
3. Contribution #2 Name: <u>Gregory Murray</u> Address: <u>62 Rathbone Mt. Clemens 48013</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>5/17/04</u>	100.00	200.00
3. Contribution # 3 Name: <u>Chris Timberlake</u> Address: <u>17720 Christine Blvd, Clinton Township 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>5/25/04</u>	50.00	50.00
3. Contribution # 4 Name: <u>Don Bradley</u> Address: <u>6651 Forrest Park Dr. Troy 48098</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>5/25/04</u>	100.00	200.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		350.00	

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Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137416

2. Committee Name CTE Gregory Murray

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/04</u></p> <p>Name: <u>Gregory Murray</u></p> <p>Address: <u>62 Rathbone Mt. Clemens 48043</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>100.00</p>	<p>200.00</p>
<p>3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/04</u></p> <p>Name: <u>Steve Robbin</u></p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>100.00</p>	<p>100.00</p>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/04</u></p> <p>Name: <u>Ruthie Stevenson</u></p> <p>Address: <u>69 Berne Mt. Clemens 48043</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>50.00</p>	<p>50.00</p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/02/04</u></p> <p>Name: <u>Sadie Jones</u></p> <p>Address: <u>34 Fessenden, Mt. Clemens 48043</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>50.00</p>	<p>50.00</p>
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		<p>300.00 1175.00</p>

Enter this total on  
line 3a of  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number

0137416

2. Committee Name

CTE Gregory Murray

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Office Max</u> Address <u>Gratiot in Clinton Township MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printer Cartridge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25/04</u>	<u>60.41</u>
<b>Expenditure #2</b> Name <u>Target</u> Address <u>Gratiot in Clinton Township MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Pre Pay Phone</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/27/04</u>	<u>24.19</u>
<b>Expenditure #3</b> Name <u>Johnson Printing</u> Address <u>1430 Gratiot 48043 Mt. Clemens</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/28/04</u>	<u>\$119.34</u>
<b>Expenditure #4</b> Name <u>U S Storage</u> Address <u>33985 Harper Clinton Township 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mail Address</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/28/04</u>	<u>40.60</u>
<b>Expenditure #5</b> Name <u>Circuit City</u> Address <u>Little Mack &amp; 13 mile Rd Roseville</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fax Copier</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/6/04</u>	<u>\$188.98</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

483.52

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on line 8a of  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number

137416

2. Committee Name

CTE Gregory Murray

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Target</u> Address <u>Gratiot in Clinton Township MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Phone Card</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/7/04</u>	<u>\$415.56</u>
<b>Expenditure #2</b> Name <u>Office Max</u> Address <u>Gratiot in Clinton Township MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Toner/Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/15/04</u>	<u>\$415.99</u>
<b>Expenditure #3</b> Name <u>City of Mt. Clemens</u> Address <u>1 Crocker, Mt Clemens 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>District Maps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/17/04</u>	<u>1.00</u>
<b>Expenditure #4</b> Name <u>Johnson Printers</u> Address <u>1430 S. Gratiot Mt. Clemens 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Door knockers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/24/04</u>	<u>\$259.70</u>
<b>Expenditure #5</b> Name <u>U.S. Post Office</u> Address <u>Mt. Clemens Branch</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/24/04</u>	<u>\$70.00</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1222.25

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number CTE 137416  
2. Committee Name CTE Gregory Murray

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Circuit City</u> Address <u>13 mile &amp; Little Mack</u> <u>Roseville MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>P.C Card</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/28/04</u>	<u>\$42.39</u>
Expenditure #2 Name <u>US Post Office</u> Address <u>Mt. Clemens Branch</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29/04</u>	<u>\$37.00</u>
Expenditure #3 Name <u>Jason Monk</u> Address <u>262 Champian</u> <u>Mt. Clemens 48043</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Meat for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/3</u>	<u>172.00</u>
Expenditure #4 Name <u>Office Max</u> Address <u>Gratiot in Clinton Township</u> <u>MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Copy Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/2/04</u>	<u>21.19</u>
Expenditure #5 Name <u>Johnson Printing</u> Address <u>1430 Gratiot</u> <u>Mt. Clemens 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/3/04</u> <u>5/28/04</u>	<u>427.18</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

697.66  
1603.53

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Summary Page